VOLUNTEER OPPORTUNITY 2026

Join the scariest volunteer event in the Twin Ports Area!!

Haunted Shack, Carlton MN – THE FINAL CHAPTER

All ages, both young and old, can be a part of this amazing event. The Haunted Shack organization invites you to be an integral part of the longest running haunted attraction in the Midwest. We see all ages witnessing the true terror at the Haunted Shack Why? Because we have long been recognized among the ranks of haunted places in the mid-west. It provides just enough atmosphere…a retreating footstep here, a fading whisper there…to make the ever-growing sub-culture of paranormal enthusiasts emphatically declare the place to be a haven to phantoms, ghouls, spirits, lingerers-on, or any other name by which a ghost may be called. Every October, the Haunted Shack crew will terrify the innocent and play with the minds of thousands of souls entering the grounds, and we want your HELP!!!

Join the coolest and scariest volunteer crew in Minnesota. Volunteer any or all nights of the Haunted Shack - and have a ghoulish fun time! Signup Today! Help fulfill your ***Civic Engagement Requirements for Graduation or raise monies for your group / organization*** and volunteer today**.**

Do you belong to a group or organization that is looking to raise money? For a small commitment you can earn monies for your group or organization. Contact us for more information on Fundraising opportunities.

We depend on volunteers like you, as well as the community, to keep the Haunted Shack haunted attraction alive. We look forward to meeting and working with new people who want to become involved.

At the start of each shift use the designated VOLUNTEER ACCESS ENTRY POINT

Located on the Southwest side of the Haunted Shack Building.

Positions that are available each season:

- Actors/Monsters
- Security / Parking
- Tractor Drivers

Open Nights: LOCATION: 1781 County Rd 1, Carlton, MN 55718

- Friday Oct 9th Opening night 6pm - 10:30pm (+)
- Saturday Oct 10th 6pm - 10:30pm (+)
- Sun Oct 11th 6pm - 9:30pm (+)
- Thurs Oct 15th 6pm - 9:30pm (+)
- Fri Oct 16th 6pm - 10:30pm (+)
- Sat Oct 17th 6pm - 10:30pm (+)
- Thurs Oct 22nd 6pm - 9:30pm (+)
- Fri Oct 23rd 6pm - 10:30pm (++)
- Sat Oct 24th 6pm - 10:30pm (++)

ADDITIONAL DATES AVAILABLE: Kids Day Oct 17th 10am - 3pm
Tear Down Sunday Oct 25th - 10am - 3pm
Pack- Up: Saturday 31st: 10am to 2pm Sunday Nov 1st: 10am to 2pm.

CONNIE:	218-349-5903	VOLUNTEER COORDINATROER
Pat:	218-348-1561	Event Operations

VOLUNTEER TODAY AND HELP OUT GREAT CAUSES. ***"Many Hands Make for Light Work***

9 Nights Between October 9th through October 24th - Fridays, and Saturdays and volunteer hours are from 6 PM to approximately 11 PM. (++) Thursday and Sunday evening the volunteer hours are from 6 PM to approximately 10 PM. (+)

+ & ++ Please note that events may be longer or shorter depending on the crowds each evening* Plan to stay Later

When Working the Event:

-When arriving please notify the parking staff at the entrance gate that you are a volunteer. *Parking for volunteers is available at the south side of the Haunted Shack building by the semi-trailers.*

- **Each day you volunteer you must check in when you arrive and depart**.
- Volunteers must adhere to all rules and regulations.
- Volunteers must obey all staff safety requirements.
- Volunteers may be placed in dark areas with lots of lighting effects and fog machines. Please let us know if you have concerns or issues regarding this type of placement.
- **For your comfort, bring warm clothing. You will be working on a farm environment. Inside / Outside elements**. **NO HEAT**
- Dress in all black or dark clothing if possible. Please wear comfortable warm shoes/boots. No sandals or open toe or open heal shoes allowed. If possible, we ask you to keep with the all black or dark colored themes and do not wear white or colored footwear!
- Also recommend you bring a water container or bottled water.

Special Requirements:

-All volunteers must have some form of identification to check into the event.

-Haunted Shack wants to allow all ages that have a sinister interest in Halloween to be allowed to work in the haunted house, haunted woods and haunted trail to enjoy an experience in volunteering at this event. Because of the nature of the event, we do have some age requirements.

Volunteers under the age of 18 MUST have their registration signed by a parent or guardian. Volunteers under the age of 12 MUST also have a parent or guardian with them at all times of the event.

Free food and refreshments will be provided for the volunteers each evening. Breaks will be given throughout the volunteer's time at the event.

WHAT WE STAND FOR:

The Haunted Shack is a fundraiser for the LOCAL Special Olympics, local Youth and Adult Groups/organizations. It also collects nonperishable food items for the LOCAL Chum Food Shelf and collects coats for the Northland Coats for Kids Program.

Proceeds from this event go towards the LOCAL Special Olympics, Chum Food Shelf, and Northland Coats for Kids, and other local organizations.

- We supply all Costumes and make-up. We have an entire 45ft trailer set up as a professional costume / make-up room. If you prefer to wear your own costume it is highly recommended.
- Acting - scaring the spectators coming through the haunt.
- Actors are needed inside the haunt, in the corn trail and fence maze. (***Wherever is needed***)
- We provide food / beverage **MOST** nights.
    - Volunteers should plan on bringing bottled water with them.
    - ***Actors need to clean up after themselves nightly to keep animals away***.
- All acting locations have office trailers to take breaks, get out of the elements, and warm up.

PLEASE BE AWARE AND NOTED. THE HAUNTED SHACK STAFF WILL PICK YOUR POSITIONS

- **MEANING: We will assign you where we see you will benefit the most.**
- **You may not be next to your friends**

ACTING OPPORTUNIES

ACTING OPPORTUNIES -. Acting would be done **inside and outside** either in the Haunted Shack, Haunted Trail, Haunted Maze or Outside Roamers **wherever actors are needed for that evening.** If we have extra actors available, we will have line wonderers to entertain the spectators as they wait in line.

SUPPORT STAFF OPPORTUNIES

SUPPORT STAFF OPPORTUNIES - Volunteers must be 16 years old or older. The positions that we need covered are but not limited to: Parking attendants, pre-admittance check station, ticket takers, security staff. All main positions will be equipped with a radio, and all Support Staff members will either have a high-visibility vest or coat supplied by the Haunted Shack.

- **This will be our 33rd and final season of operation.**
- **Location: 1781 County Rd 1, Carlton, MN**
- **We are located on a working farm.**
  - **Dress for the weather**
  - **Work is done outside.**
  - **We are open in all weather conditions.**
  - **We may shut down parts of the operation if the weather gets too bad.**

ADDITIONAL OPPORTUNITIES

KIDS DAY / FAINT of HEART

- Saturday October 17th, 2026 - 10am to 3pm. Kids Day/Faint of Heart.
  - Volunteer positions will be mixed between treat station and support staff areas.
    - Hand out treats to kids inside the Haunted Shack.
      - 12 (+ /-) treat station.
      - All lights on no scary sound effects.
      - Kid friendly costumes are optional.
    - Support Staff Volunteers:
      - Volunteers must be of a minimum age of 16.
      - The positions that we need covered are but not limited to: Parking attendants, pre-admittance check station, ticket takers, security staff.
      - All main positions will be equipped with a radio, and all Support Staff members will either have a high visibility vest or coat supplied by the Haunted Shack.

EVENT TEAR DOWN

- Sunday October 25th, 2026 - 9am to 3pm. Event tear down.
  - Pack up and put away outside displays, fencing, picking up garbage and more.
- Pack- Up: Saturday 31st: 10am to 2pm Sunday Nov 1st: 10am to 2pm.
  - Pack up all remining props, inside Haunted Shack and put in trailers. Roll up all cords and equipment and put them in storage trailers. And all remaining items put in storage trailers

At the start of each shift use the designated VOLUNTEER ACCESS ENTRY POINT

Located on the Southwest side of the Haunted Shack Building.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____.

Phone #: _____

Reason for volunteering:

_____

_____

_____

Open Nights: PLEASE CHOOSE YOUR NIGHT 0R NIGHTS YOU WILL BE VOLUNTEERING.

- _____Friday Oct 9th Opening night 6:00pm- 10:30 / 11pm
- _____Saturday Oct 10th 6:00pm- 10:30-11pm
- _____Sun Oct 11th 6:00-9:30/10pm

- _____Thurs Oct 15th 6:00-9:30pm/9pm
- _____Fri Oct 16th 6:00- 10:30/11pm
- _____Sat Oct 17tht 6:00-10:30/11pm

- _____Thurs Oct 22nd 6:00-9/9:30pm
- _____Fri Oct 23rd 6:00-10:30/11pm
- _____Sat Oct 24th 6:00-10:30/11pm

ADDITIONAL DATES AVAILABLE:

Kids Day Oct 17th 10:00am- 3:00pm_____

Tear Down Sunday October 25th 9am to 3pm _____

Pack- Up:

Saturday 31st: 10am to 2pm: _____ (older youth/adult)

Sunday Nov 1st: 10am to 2pm: _____. (older youth/adult)

Personal Health History & Waiver *If under 18 this form must be completed by parent or legal guardian. This form is completely confidential & only used in emergencies. * Misconduct can result in dismissal of volunteers.

Volunteer Name: _____ Age: _____ Phone number_____

Address: _____ City: _____ State: _____

Email: _____

Allergies: food, medication, insects and/or plants: _____

List any medications you are on: _____

List any physical or behavioral conditions that may limit participation: (such as lifting limits, seizures, ADHD, bipolar disorder, or any other limitations we should know about) _____

In the event of an emergency, whom should we contact?

Name: _____ Relationship: _____ Phone Number: _____

1. Turn in completed forms before any volunteer work can be done.
2. Sign in/out each night- turn in costumes, accessories, radios, etc. Nothing belonging to the Shack goes home with anyone. Haunted Shack is not responsible for lost, stolen or damaged items brought to the Haunted Shack.
3. PLEASE BRING YOUR OWN BEVERAGES: I.e.: Water, Gatorade, etc.
4. Show up for your scheduled shifts. If you cannot make it, please contact Pat 218-348-1561 as soon as possible.
5. ***On busy nights we may run past closing time. We ask that volunteers stay in their scenes until someone comes to release you.*** **WE WILL LET YOU KNOW WHEN YOU ARE DONE. NO BAILING EARLY,** we typically wrap up a half hour of closing.
6. Give it all each night. Please be flexible- at times we may need to change things up to ensure all positions are covered. Be prepared to work both in the Shack and outside on every shift. **WE WILL CHOOSE YOUR LOCATIONS & POSITIONS**.
7. Treat each other with respect. Treat all materials (costumes, props, tools, etc.) with respect and use them with care.
8. Be aware of possible safety issues and report them to organizers right away.
9. **Assist with nightly clean up. This includes inside the costume trailer and all outside grounds.**
10. We periodically provide food/ treats/ beverages for the volunteers. PLEASE take one helping to start and once everyone has been through the line seconds will be offered. Also please make sure to clean up after yourselves and the area around you.

Authorization: (**each volunteer needs to fill out & sign**)

I, as a volunteer or parent/ guardian of a minor volunteer agree that the health history is correct. I can engage in all activities, except as noted. In the event of an illness or accident during such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates. Also, I as a volunteer and the parent of volunteer indemnify, hold harmless, and defend the event organizers and volunteers from any and all claims, suits, loss, costs, damage, or expenses on account of injuries to or death of any organizer or volunteer and on the account of any and all damages to property to whomsoever belonging, including property owned, leased to, or in the care, custody, and control of the organizers of the Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh.

Volunteer Name (Print): _____ Phone #: _____

Volunteer Signature: _____ Date: _____

If under 18 Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT (each volunteer needs to fill out & sign)

In consideration of participating in haunted house activities and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence The Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh, and its owners, directors, officers, employees, agents, volunteers, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that these activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, objects or other participants; medical conditions resulting from physical activity; damaged clothing or other property, coming in contact or contracting the Covid-19 virus or any other viruses. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary, and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I expressly accept and assume all the risks inherent in this activity or that might have been caused by the negligence of the Releasees known that this event is in a group setting and that I may come in contact or contract the Covid-19 virus or strains of and any other viruses. My participation in this activity is purely voluntary and I elect to participate and release any liability from the Releasees despite the risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I represent that I have adequate insurance to cover any injury or damage I suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my rights to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I choose to not sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I have read and understood this document and agree to be bound by its terms.

Print Name_____

Address_____ **City**_____ **State**_____ **Zip**_____

Signature_____ **Date**_____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT - (Must be complete for Participants under the age of 18)

In consideration of the minor/ minors listed below being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor/ minors or are in any way connected with such participation by minor/ minors.

Name/s of Minor/s_____

Parent Guardian Signature_____